

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/541423

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.		DEP.	IND.	DEP.	IND.		IND.		DEP.	IND.	DEP.	IND.
	1	1		1	1		51						
2		1					52						
3		1					53						
4		3					54						
5		0					55						
6		8					56						
7		0					57						
8		0					58						
9		0					59						
10			1				60						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL REQ.			1										
TOTAL DEP.			8										
TOTAL CLAIMS			9										

BEST AVAILABLE COPY